Exhibit G

OFFICE USE ONLY

Grievance #: 0019104443

Date Received: APR 1 5 2019



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

GRIEVANCE FORM	Date Due: 5/30/19
Offender Name: Stahen Bankee TDCJ# 979507	Grievance Code: 411
Unit: Polunsky Housing, Assignment: 12AF73	Extension Date:
Init where incident occurred: N/A	Date Retd to Offende MAY 2 9 2019

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? Severat Morte of H. G. (Neurosusay) When? Liferent thoses What was their response? Surgery was approved, but not scheduled. What action was taken?
What was their response? Surgery was approved but not scheduled
What action was taken?
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I have been told several times, dating back to Sept 18 2016
that my neck surgery (to releave pressure of of my spinal
cord) had been approved, yet not scheduled,
I need that surgery done ASAP, Please! I've now been
having spasmis in my neck where it chokes me for a few
seconds, Those come and so other, Mostly when I your, Something
in my neck swells up and I can feel it with my finders when it
hannehis.
seconds. Those come and go often. Mostly when I your, Something in my neck swells up and I can feel it with my fingers when it happens. I need that pressure off of my spinal cord.
Mease schedule this neck surgery. It's hen approved for a
long time now.

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and the second	to the control of the
An amount required page 2 Amountaining of 9 or or one section of the section	NAMES (/ / La NAMES) .
	to make the return the territory of the second the territory of the territ
	The second secon
The state of the s	
+3	
Action Requested to resolve your Complaint.	
need heuro surg	ery to finally schedule
my neck surgery to releave pressure o	C. C. India scheave
Offender Signature:	1) of my spinol cord,
	Date: 4-//-/9
Grievance Response:	
Review of your medical records reveals that you were last seen by Neurosurgery in February 20 Neuro to discuss treatment plans for you. MSRS screen reveals that you were solved to a second solved to the second se	016 re: neck. There was a referral submitted on 9/24/10
Neuro to discuss treatment plans for you. MSRS screen reveals that you were scheduled on 4 due to transportation issues and on the other two occasions it was not distributed.	different occasions and on two times you were rescheduled
complaints with your neck which is good. However, if you do have any case of tollow up	on the status. This office notices you haven't had any recent
be scheduled. No further action warranted at this time:	se submit a SCR listing your signs and symptoms and you will
Ani	tra Lindley
Senior Pr	ractice Manager
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (1) (28) to the Unit Grievance Is State the reason for appeal on the Step 2 Form.	nvestigator within 15 days from the date of the Step 1 resonnes
Returned because: *Resubmit this form when the corrections are made.	The state of the s
1 Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	
3; Originals not submitted. *	OFFICE USE ONLY Initial Submission UGI Initials:
4. Inappropriate/Excessive attachments. *	Grievance #:
5. No documented attempt at informal resolution. *	Screening Criteria Used:
6. No requested relief is stated. *	Date Recd from Offender:
7 Malicious use of vulgar, indecent, or physically threatening language. *	Date Returned to Offender
8. The issue presented is not grievable	2ªd Submission UGI Initials:
9. Redundant, Refer to grievance #	Grievance π;
10, Illegible/Incomprehensible. *	Screening Criteria Used:
11. Inappropriate. *	Date Reed from Offender:
JGI Printed Name/Signature	Date Returned to Offender
JGI Printed Name/Signature:	3rd Submission UG1 Initials:
Application of the screening criteria for this grievance is not expected to adversely	Grievance #:
Affect the offender's health.	Screening Criteria Used:
dedical Signature Authority:	Date Reed from Offender:
	Date Returned to Ottender;

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STEP 1

OFFENDER GRIEVANCE FORM

Date Received: MAY 2 1 2019

You must try to resolve your problem with a staff member before you subnoit a formal complains. The only exception is when appealing the results of a disciplinary hearing. Who did you task to (water title) 2 2 shift officers who was taken? What was taken? When May 17 & 18., 2019 What action was taken? NONE State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate The se officers on 2 2 shift are showing up AFTER" 10 Pm to take me to 10 Building for my medical Johnwer. Ye for May 17 th they came around 11:30 pm, I got back to any cell around 18 mid aight. To may 19 th at 1:00 Am they came to take me for my allower, I got back at 1:44 Am to my cell. I am suppose to be allowed by the 5th circuit 5 to hovis of undistributed sleep. That's 10:00 Pm - 3:00 Am. I just received an execution date, I need my sleep. I would like to get my shawer "300n" ofter recreation like cuery one clse, and Not be punished just because In disabled, and not not need to my shower, and or, even later.	Offender Name: Stephen Politica TDCJ# 999507 Unit: Politica Housing Assignment: 12 A A 6 Unit where incident occurred: Politically	Grievance Code: Investigator ID #; J.B. 8 Extension Date: Date Retd to Offender UN 0 4 2019
These officers on 2nd shift are showing up AFTER" 10 Pm to take me to 10 Building for my medical Jhower. In May 17th they came around 11:30 pm, I got back to my cell around 12 midright. In May 19th at 1:00 Am they came to take me for my shower, I got back at 1:44 Am To my cell. I am suppose to be allowed by the 5th circuit 5 to hours of undisturbed sleep. That's 10:00 Pm — 3:00 Am. [I just received an execution date, I need my sleep.]	who did you talk to (name, tirle)? 272 Shift officers What was their response? They're officers are doing showers.	
Ton May 19th at 1:00 Am they came to take me for my shower, I got back at 1:44 Am to my cell. I am suppose to be allowed by the 5th circuit 5 to hours of undisturbed sleep. That's 10:00 Pm — 3:00 Am. [I just received an execution date, I need my sleep.]		***
[I just received an execution date, I need my sleep.]	$oldsymbol{\mathcal{O}}$	
	I am suppose to be allowed by the 5th of undisturbed sleep. That's 10:00 Pm -:	circuit 5+6 hours

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where the same of	The second section of the second section
	The state of the s
The second secon	The state of the s
	And desiring a second of the s
Action Requested to resolve your Complaint. I want when I	n suppose to have undisturbe
store at mater	n ouppose 10 nove undisturbe
Steel of Man.	
	Date: <u>5-/9-/9</u>
Grievance Response:	
gnature Authority: you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance In the the reason for appeal on the Step 2 Form.	Date JUN 0 4 2019
	response,
eturned because: *Resubmit this form when the corrections are made.	A
1. Grievable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OFFICE USE ONLY Initial Submission UGI Initials:
3. Originals not submitted. *	
4. Inappropriate/Excessive attachments. *	Grievance #:
5. No documented attempt at informal resolution. *	Screening Criteria Used:
6. No requested relief is stated. *	Date Reed from Offender:
7. Malicious use of vulgar, indecent, or physically threatening language.	Date Returned to Offender 2*4.Submission [IGI initials:
8. The issue presented is not grievable.	£ 37 101/11/12/
9. Redundant, Refer to grievance #	Grievance #:
10. Illegible/Incomprehensible. *	Date Reed from Offender:
11. Inappropriate, *	Date Returned to Offender:
I Printed Name/Signature:	
plication of the screening criteria for this grievance is not expected to adversely	3 ¹⁴ Submission UGI Initials: Grievance #:
fect the offender's health,	Screening Criteria Used:
udigal Signatura Authority	Date Recd from Offender:
edical Signature Authority:	Date Returned to Offendam

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Texas Department of Criminal Justice



STEP 1 GRIE

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Date Received: NOV 1

Offender Name: Stephen Barbes TDCJ # 999507 Unit: Polynsky Housing Assignment: 12 A F 71 Unit where incident occurred: Polynsky	Grievance Code: 500 Investigator ID #: 1868 Extension Date: 1-20-20 Date Retd to Offender: JAN 1 4 2020
You must try to resolve your problem with a staff member before you submit a formal compealing the results of a disciplinary hearing. Who did you talk to (name, title)? Warden Butcher What was their response? That regular trags would get fried What action was taken? None State your grievance in the space provided. Please state who, what, when, where and the	when? few months ago chicken at least once a mark
I spoke to worden Butcher and he soid the would start getting friest chicken at least a Begular traits are not getting friest chicken and	\$r
	1

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Figure 4 section (4) Section (
	The second secon
	The second secon
	the state of the s
Action Requested to resolve your Complaint. I'd like to have fre	d chicken also.
Offender Signature: Stat Bal	Date: 1/-01-19
Grievance Response:	
t the base and and then investigati	on it was determined that fried
A review of your complaint has been conducted. Upon investigati chicken will be served when enough chicken is in stock to do so.	Additionally there is no schedule
stating when fried chicken will be served. It is not a requirement t	hat fried chicken he served. No
staff misconduct or policy violations by Kitchen Staff found. No fu	rther action deemed warranted
	rifier detion decined warrantes
by this office at this time.	
	^
Short of S.	Perez Date: JAN 1 4 2020
Signature Authority: S. Signature Authority: S. Signature Authority: Step 2 (I-128) to the Unit Grievance Invest	igator within 15 days from the date of the Step 1 response,
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (1-120) to the Elite Step 2 State the reason for appeal on the Step 2 Form.	
Returned because: *Resubmit this form when the corrections are made.	
1. Grievable time period has expired.	OFFICE USE ONLY
2. Submission in excess of 1 every 7 days. *	Initial Submission UGI Initials:
3. Originals not submitted. *	Grievance #:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Reed from Offender
6. No requested relief is stated, *	Date Returned to Offender:
7. Malicious use of vulgar, indecent, or physically threatening language.	2nd Submission UGI Initials:
8. The issue presented is not grievable.	Grievance #:
9. Redundant, Refer to grievance #	Screening Criteria Used
10. Illegible/Incomprehensible, *	Date Reed from Offender;
—	Date Returned to Offender;
11. Inappropriate. *	3 ¹² Submission UGI Initials:
UGI Printed Name/Signature:	Grievance #:
Application of the screening criteria for this grievance is not expected to adversely	Screening Criteria Used
Affect the offender's health.	
	_
Medical Signature Authority:	Date Recd from Offender:

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Case 4:21-cy-03077 Document 10-6 Filed on 10/04/21 i Texas Department of Criminal Justice	
OFFENDER	Carramore 10040559
STEP 1 GRIEVANCE FORM	Date Received: NOV 25 2019
THE WILLIAM STATES	Date Date: 1 - 9-20
Charles Control of the Control of th	Grievance Code; 6-73
Offender Name: Stephen Barbee IDCI# 999507	Investigator 10 41
Offender Name: Stephen Barbee IDCI# 999507 Loit: Rolvinsky Housing Assignment: 12 AF 71	Extension Date: NOV 6 / (1) (1) Date Rela to Ollendee:
Unit where incident occurred: folunsky	Date Reta to Offenders
You must be to receive a course of the said and the said	
You must try to resolve your problem with a staff member before you submit a formal co-appealing the results of a disciplinary hearing	
What is is their response? No Refund - (cturned response 11	When? //-/3-/9
What seems it is taken? Ashe	7639)
State your grievance in the space provided. Please state who, what, when, where and the	disciplinary case number if appropriate
Fund acc# on 10-17-19 I am chanic	oken from my Trust
Fund acc# ON 10-17-19 I am chanic	cace and shouldn't have
age charge (1 to said the same)	
(MV 0001355 0000000 UTMB UT T	L 1014 19)
	The state of the s
I AM CHRONIC CARE And have	been for years.
Olanza banda a Guada anta I I	· · · · · · · · · · · · · · · · · · ·
Please have my funds returned to	my acit.
It not my family will contact the	In butsman and
If not my family will contact the o	
T was told by a Continu Hat if I	
1 L WOS TOLD DU A CONTRAR HOST IF 1	Application of the state of the

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	er alministration (1905) (1907
The second secon	
	COMMITTED TO SERVICE STATE OF THE PROPERTY OF
	AND THE RESERVE OF THE PARTY OF
ction Requested to resolve your Complaint. I went my money	(\$ 13,55) returned to
my acce	**************************************
Offender Signature:	Date: 1/-21-19
rievance Response:	
Therance responses	
ignature Authority: Jou are dissatisfied with the Step 1 response, you may submit a Step 1 1-128) to by T.M.Bell-Ealth	ee Manager Date: // [46/15]
ate the reason for appeal on the Step 2 Form,	
eturned because: *Resubmit this form when the corrections are made,	
1. Grievable time poriod has expired	OFFICE USE ONLY
2 Submission in excess of T every 7 days.	Initial Submission UGI Initials:
3 Originals not submitted. *	
4 Inappropriate/Excessive attachments *	Grievance #:
5. No documented attempt at informal resolution. *	Grievance #:
☐ 6 No requested relief is stated. *	
	Screening Criteria Used:
To Malicious use of vulgar, indecent, or physically threatening language, *	Screening Criteria Used: Date Reed from Offender:
The issue presented is not grievable.	Screening Criteria Used: Date Recd from Offender: Date Returned to Oftender
	Screening Criteria Used: Date Recd from Offender: Date Returned to Oftender 2 nd Submission UGI Initials:
38. The issue presented is not grievable.	Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 2 nd Submission UGI Initials: Grievance 41
3. The issue presented is not grievable. 3. Redundant, Refer to grievance =	Screening Criteria Used: Date Recorded to Offender: 2 ^{at} Submission UGI Initials: Grievance 4; Screening Criteria Used:
38. The issue presented is not grievable. 39. Redundant. Refer to grievance =	Screening Criteria Used: Date Recd from Offender: Date Returned to Oftender 2 nd Submission USI Initials: Grievance #1 Screening Criteria Used: Date Reed from Offender:
38. The issue presented is not grievable. 99. Redundant, Refer to grievance =	Screening Criteria Used: Date Returned to Offender: 2 nd Submission
38. The issue presented is not grievable. 99. Redundant. Refer to grievance =	Screening Criteria Used: Date Returned to Offender: 2nd Submission UGI Initials: Grievance 4; Screening Criteria Used: Date Recd from Offender: Date Returned to Offender: 2nd Submission UGI Initials: Grievance 4; Grievance 4; Grievance 4; Grievance 5; Grievance 6; Grievance 7;

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Texas Department of Criminal Justice

TE OF	2-2005/4/5	<u>-</u>
	Grievance # 0005 1915 Date Received:	<i>,</i>
SILP I GRIEV	ANCE FORM Date Due: 1-27-70	
	Grievance Code: 504	
Offender Name: Stephen Bar bee	TDCJ# 499 507 Investigator ID#:	14
Unit: Polunsky Housing Assignment:	LLAY II Extension Date: 3'1700	
Unit where incident occurred: Polonsky	Date Retd to Offender: MAR 3 1 20	<u> </u>
You must try to resolve your problem with a staff member b	efore you submit a formal complaint. The only exception is when	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? When? 12-17-19
What was their response?
What action was taken?
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I haven't been given any bippy cleaner to clean
with in several weeks now.
I need it to clean off the seat in the handicap shower
here on my nod when I go in to take my shower
The state of the s
- La 1- La 1
shower every day before me and it's dirty.
Will you please see that I'll get biggy each week to
keep my tolit and the shower stat clean, I really need it,
Though 1 and
Thank you!

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	*
*	
1	
	7 10 70 10 10 10 10 10 10 10 10 10 10 10 10 10
	very week, especially for
The handicap shower, I need to have a	Clean seat to sit on
Offender Signature: Style Bol	Date: 12-17-19
Grievance Response:	1
Your complaint has been investigated and there is insufficient	t evidence to substantiate your
claims. Unit Supply staff has issued cleaning powder which w	vas passed out by staff. No
further action is warranted.	
_	
	a. /
Signature Authority: D. Jack SOY	1, AW Date: /3/20
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (1-128 to the Unit Grievance Inv. State the reason for appeal on the Step 2 Form.	restigator within 15 days from the date of the Step 1 response.
1. Gricvable time period has expired.	
2. Submission in excess of 1 every 7 days. *	OTTO TION ON THE
3. Originals not submitted. *	OFFICE USE ONLY
Company of the Compan	Initial Submission UGI Initials:
4. Inappropriate/Excessive attachments, *	Initial Submission UGI Initials: Grievance #.
5 No documented attempt at informal resolution. *	Initial Submission UGI Initials: Grievance #, Screening Criteria Used:
5 No documented attempt at informal resolution. * [6. No requested relief is stated. *	Initial Submission UGI Initials: Grievance #. Screening Criteria Used: Date Recd from Offender:
5 No documented attempt at informal resolution. * 6. No requested relief is stated. * 7. Malicious use of vulgar, indecent, or physically threatening lar gurge. *	Initial Submission UGI Initials: Grievance #. Screening Criteria Used: Date Recd from Offender: Date Returned to Offender:
 □ 5 No documented attempt at informal resolution. * □ 6. No requested relief is stated. * □ 7. Malicious use of vulgar, indecent, or physically threatening lar gurge. * □ 8. The issue presented is not grievable. \(\) 	Initial Submission UGI Initials: Grievance #. Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 2tt Submission UGI Initials:
 Solution	Initial Submission UGI Initials: Grievance #. Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 2 th Submission UGI Initials: Grievance #:
5 No documented attempt at informal resolution. * 6. No requested relief is stated. * 7. Malicious use of vulgar, indecent, or physically threatening lar gurge. * 8. The issue presented is not grievable. 9. Redundant, Refer to grievance #	Initial Submission UGI Initials: Grievance #, Screening Criteria Used: Date Recul from Offender: Date Returned to Offender 2** Submission UGI Initials: Grievance #: Screening Criteria Used:
 Solution	Initial Submission UGI Initials: Grievance #. Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 2** Submission UGI Initials: Grievance #: Screening Criteria Used: Date Recd from Offender:
 Solution	Initial Submission Grievance #. Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 2** Submission Grievance #: Screening Criteria Used: Date Recd from Offender: Date Recul from Offender: Date Returned to Offender:
 □ 5 No documented attempt at informal resolution. * □ 6. No requested relief is stated. * □ 7. Malicious use of vulgar, indecent, or physically threatening lar guege. * □ 8. The issue presented is not grievable. \(\) □ 9. Redundant, Refer to grievance # □ 10. Illegible/Incomprehensible. * □ 11. Inappropriate. * UGI Printed Name/Signature: 	Initial Submission Grievance #, Screening Criteria Used: Date Recurred to Offender: Date Returned to Offender: 2st Submission Grievance #: Screening Criteria Used: Date Recul from Offender: Date Returned to Offender: UGI Initials: UGI Initials:
5 No documented attempt at informal resolution. * 6. No requested relief is stated. * 7. Malicious use of vulgar, indecent, or physically threatening lar guege. * 8. The issue presented is not grievable. * 9. Redundant, Refer to grievance = 10. Illegible Incomprehensible. * 11. Inappropriate. * UGI Printed Name/Signature: Application of the screening criteria for this grievance is not expected to adversely	Initial Submission Grievance #, Screening Criteria Used: Date Recd from Offender: Date Returned to Offender: 2 ^{td} Submission Grievance #: Screening Criteria Used: Date Recd from Offender: Date Recd from Offender: Date Recd from Offender: Date Returned to Offender 3 ^{td} Submission UGI Initials: Grievance #:
 5 No documented attempt at informal resolution. * 6. No requested relief is stated. * 7. Malicious use of vulgar, indecent, or physically threatening lar guage. * 8. The issue presented is not grievable. \ 9. Redundant, Refer to grievance ≠ 	Initial Submission Grievance #, Screening Criteria Used: Date Recurred to Offender: Date Returned to Offender: 2st Submission Grievance #: Screening Criteria Used: Date Recul from Offender: Date Returned to Offender: UGI Initials: UGI Initials:

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STEP 1 OFFENDER GRIEVANCE FORM

Date Received: JAN 3 1 2020

Offender Name: Stephen Backee TDCJ# 999507 Unit: Polyabky Housing Assignment: 12 A F 71 Unit where incident occurred: Polyabky	Grievance Code: 300 Investigator ID #: 1008 Extension Date: U-2000 Date Retd to Offender: APR 0 6 2020
You must try to resolve your problem with a staff member before you submit a formal cappealing the results of a disciplinary hearing. Who did you talk to (name, title)? Warden Jackson What was their response? Naw policy will bugin 03-01-20 What action was taken?	When? 1-28-2020
State your grievance in the space provided. Please state who, what, when, where and the As of March Ol ZOZO TDCJ is expected "Inspect to Postert Policy",	
This new policy is infair to Death Row Offen offenders have access to 0.7.5. Offender Teleph general population offenders to have an extra up Visitation list of ten totalling twenty people; Offenders only have ten.	to ten proble, plus their whereas Death Row
Death Row Offenders should be allowed accession a new total of twenty people on the	ge Visitation list.

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**************************************	A CONTRACTOR OF THE PROPERTY O	
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	and the same of th	Wanner and Walletter and Walle
		. Landau de la companya de la compan
		The state of the s
Action Requested to resolve your Complaint. Have access to DT: 10, totalling 20 people on our (death raw) Visito	, or be give	en an extra
10, totaling 20 people on our (death raw) visite	tion list.	1
Onender Signature:	Date: 1-3/-	<i>2</i> 0
Grievance Response: Your grievance was investigated. The Inmate records department report		
working to correct the issue. Furthermore, general population offenders visitation list. Death row offenders are allowed to make phone calls but y major for approval. No further action is warranted.	are only allowed 10 visito ou will have to submit an	ors on their I-60 to the
Signature Authority: D. Here B Jackson A	11.)	2 4/2 las
If you are dissatisfied with the Sten I ray James you may submit a Sten 2 (1 120) and	Cestigator within 15 days from a	Date: /3/20
State the reason for appeal on the Step Form.	cong titinii 13 days (101) (me unte of the Step 1 response.
Resulting this form when the corrections are made.		
1. Grievable time period has expired.		
 2. Submission in excess of 1 every 7 days. * 3. Originals not submitted. * 	OFFICE	USE ONLY
	Grievance #	UGI Initials:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:	
5. No documented attempt at informal resolution. *	Date Recd from Offender	· Building and a second of the
6. No requested relief is stated. *	Date Returned to Offendar	· Formation and the second sec
7. Malicious use of vulgar, indecent, or physically threatening language. *	2 ^{nt} Submission	
8. The issue presented is not grievable.	2	UGI Initials:
9. Redundant, Refer to grievance #	Screening Criteria Used:	
10. Illegible/Incomprehensible. *	Date Reed from Offenders	
11. Inappropriate. *		
JGI Printed Name/Signature:	3rt Submission	
application of the screening criteria for this grievance is not expected to adversely		UCI Initials:
Affect the offender's health.	Screening Criteria Used:	
	Date Recd from Offender:	The state of the s
fedical Signature Authority:	Date Returned to Offendam	

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OFFICE USE ONLY

Texas Department of Criminal Justice

STE OF	TOARS Dopus		Grievance #: 2021074217
	STEP 1	OFFENDER GRIEVANCE FORM	Date Received: FEB 2 2 2021
	SILLI	GRIEVANCE FORM	Date Due: 4-3-21 Grievance Code: 510
Offender Name:	Stephen Barbee	TDCJ# <u>999507</u>	Investigator ID #:
Unit: Polynsky	Housing A	ssignment: <u>/2 B-D 45</u>	Extension Date:
Unit where incider	nt occurred: folusi	щ	Date Retd to Offender: MAD 3 0 2021
			N. College de la companyation de vellen

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? Several officers (34. hq sato) When? Everyday What was their response? None - officer backner said no medical showers What action was taken? None - no body came the me.
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I am disabled and require a medical shower on A-pod F-section 12 Building where the only handizen shower is. Medical is meant to be allowed a "daily" shower because Im disabled and have difficulty cleaning myself in my cell. I need the handing shower.
I was denied a shower for 10 days! TEN DAYS!
To moved to B-pad on 2-10-21 and havent been allowed go to A-pad to shower for TEN DAYS. I appropried acquired sores because of this decial.
I finally showered on A-pod on 2-20-21 at 9:30 fm 10 full days. (They even didn't get me to take me to shower tonight) 12-21-21 - No shower Again.

TIET TO BOX	
A Company of the Comp	
Company of the second of the s	
Action Requested to resolve your Complaint.	1/ + / · · · · · · · · · · · · · · · · ·
medical Shower, disabled.	thower to keep clean. I am
Offender Signature:	Date: 2-21-21
Grievance Response:	van. E Ci Ci
ားကို သည်။ သည်။ သည်။ သည်။ သည်။ ရောက်ရန်နေရန် ပထမတုိရော်မှာ ကြောက်သည်မှာ ကြောင်းသည်။ သည်။ လျှင်းမောင်သည်။ အတွင် သည်။ သည်။ သည်မောင်အရောက် ရောက်ရန် သည်။ ရောက်ရန်နေရန် ပထမတုိရော်မှာ ကြောက်သည်မှာ ကြောင်းသည်။ သည်။ လျှင်းမောင်သည	Control of the Company of the Compan
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An investigation into your allegations has been conducted. It was for	und that there is morit to your dain
that you did not receive a medical shower daily. Staff and supervisor	ce have been justified to observe
that medical showers are conducted on a daily basis. If you have any	mave been histructed to ensure
supervisor. No further action is warranted.	more issues, contact a security
Supervisor, no further action is wallanted.	
The second secon	the state of the s
്യാന് വരുന്നു. ഇവയ്യത്ത് വരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു വരുന്നു. വരു	For the second s
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and the state of the same of t	MAR 3.0 2029
Signature Authority: B. Beks	
If you are dissatisfied with the Step I repanse, you may submit a Step 2 (I-128) to the Unit Grievance In	vestigator within 15 days from the date of the Step I response.
Returned because: *Resubmit this form when the corrections are made	
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4. Inappropriate/Excessive attachments. *	Screening Criteria Lised
5. No documented attempt at informal resolution. *	Screening Criteria Used: Date Recd from Offender:
6. No requested relief is stated. *	Date Returned to Offender:
7. Malicious use of vulgar, indecent, or physically threatening language. *	2nd Submission UGI Initials;
8. The issue presented is not grievable.	Grievance #:
y. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Recd from Offender.
] 11. Inappropriate. *	Date Returned to Offender;
GI Printed Name/Signature:	3rd Submission UG1 Initials:
pplication of the screening criteria for this grievance is not expected to adversely	Grievance #:
feet the offender's health.	Screening Criteria Used
· Andrew A. A. Martine Commission of the Section o	Date Recd from Offender:
ledical Signature Authority	Date Returned to Offender:
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Case 4:21-cv-03077 Document 10-6 Filed on 10/04/21 in TXSD Page 16 of 28 Texas Department of Criminal Justice OFFICE USE ONLY

OFFENDER

STEP 1 GRIEVANCE FORM	Date Received: MAN 2 3 2021 Date Due: 5-7-21 Gricvance Code: 608
Offender Name: Stephen Backet TDCJ# 499507	lovestigator ID #: 12731
Unit: Polysky Housing Assignment: 12 B-D 45	Extension Date:
Unit where incident occurred:	Date Rend to Offender: APR 27 2021

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title!) Sent medical Result
Who did you talk to (name, title!) Sent medical Resect When? 3-8-21/3-16-21 What was their response? Both Request sent back suid "scheduled for Sunday."
What action was taken? Nowe!
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I have sent Two Medical request to have my toe noils out. I'm disabled and connect out them myself.
The nurses do not like to cut toe mile and Always their possion
/ Browst sent 3-8-20 - Response "Scheduled for routine sline Sunday"
Beavest sent 3-16-21 explaining no one pulled me out, Response "Boutine Clipper Clinic Synday"
Migrest sent 3-16-61 explaining no one pulled me out, Asponse mountain
Clipper Collinie Synday"
No one will pull me out for my medical Beauest.
I need someone to and my toe waits - Please!

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	1990
Action Requested to resolve your Complaint. I Need Someone for	on medical to do their
- Top and honor my medical recount and need	- Well to the present the pres
Offender Signature: Sept But	2-22-71
Grievance Response:	Date:
one the sponse.	•
	F
Review of your medical records reveals that you were able to get your toenails clipped as requ	ested. No further action warranted or this time
4 • • • • • • • • • • • • • • • • • • •	The state of the s
Street, 14,000 60	يا الله
Signature Authority: If you are dissatisfied with the Step I response you may submit a Step 2 (J-128) to the Unit Grievaner Inv State the regson for appeal on the Step 2 Form.	Date: 4/21/21
State the regson for appeal on the Stap 2 Form.	estigetor within 15 days from the date of the step 1 deponse,
Returned because; Resubmit this form when the corrections are made.	
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2. Submission in excess of 1 every 7 days.	OFFICE USE ONLY
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4. Inappropriate Excessive anachments, *	Grievance ±:
5. No documented attempt at informal resolution. *	Screuning Criteria Used(
6. No requested relief is stated *	
Maticious use of vulgat, indepent, or physically threatening language.	Date Read from Offender:
	Date Read from Offender:
1 N The 1990's presented is not primitable	Date Read from Offender: Date Returned or Offender,
8 The issue presented is not gricusble	Date Read from Offender: Date Returned of Offender, 2 rd Submission LGI Initials
9 Red andant, Refer to grievance =	Date Recutified of Offender: Date Returned of Offender; 208 Submission E-GI Infinite Grievance =: Softending Contract Coedi
9. Redundant, Refer to grievance = 10. filegible incompret ensible 7	Date Recutified of Offender: Date Returned of Offender; 208 Submission E-GI Infinite Grievance =: Softending Contract Coedi
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9. Redundant, Refer to grievance = 10. filegible incompret ensible 7	Date Reconficient Offender: Date Returned of Offender: 2 **Submission LGI loitings Grievance =: Soffending Contents Used: Date Reconform Offender Date Reconform Offender 2 **Submission CGI initials.
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☐ 9. Redundant, Refer to grievance = ☐ 10. filegible incompred ensible * ☐ 11. Incorregnate. * UGI Printed Name Signature: Application of the sale, ping criteria for this grie was it was a most too to all a second.	Date Reconsider Offender: Date Reconsed of Offender: 2 Systemission LGI tottials Gravance =: Soreering Cotonia Used: Date Reconsider Offender Date Reconsider Offender 2 Systemission Used: CGI initials.

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Texas Department of Criminal Justice

OFFENDER STEP 1 GRIEVANCE FORM

Grievance #: 2021142424
Date Received: JUL 28 2021
Date Due: 9-11-21
Grievance Code: <u>608</u>
Investigator ID#: Investigator ID#:
Extension Date:
Date Retd to Offender: AUD 1 0 2021

	Grievance Code: 400
	Investigator ID#: Investigator ID#:
Unit: Pologoky Housing Assignment: 12 AA 04	Extension Date:
Unit where incident occurred: Policy stry	Date Retd to Offender: AUG 1 0 2021
•	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? I spoke with a Nusse handing out When? 7-23.2/ What was their response? She took my name and Their number. What action was taken? None
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
I sent Two 1-60's to medical Via, mail to have my toe nails out, (because I can not cut them myself).
First 1-60 sent 7-1321, the 2th 1-60 7-19-21
Where did the 1-60's go? I Never got back a response.
Why is someone throwing my medical recovert away?
Why is it that I have to send a grievance to get my toe notifs out, Again!
I had to send a grievance over the same Issue last time I needed my the nails out,
It's clear the Nurses do not like to cut the noils, but if they don't want to do their job and assist a disabled person cut their for noils, they should change their
profession !

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	The state of the s
Name of the second seco	
	The second secon
Action Requested to resolve your Complaint. I need, my toe nat	is Aut
The second secon	Control of the Contro
ass I see State	Date: 7-26-21
	Date. 728
Grievance Response:	
Review of your medical records reveals that you were seen in chronic cure clinic on 8/4 and the fol	llowing was noted: SCHEDULE WITH PROVIDER FOR TOE
NAIL TRIMMING AND RIGHT ELBOW STEROID INJECTION NEXT WEEK. No further action warranted	at this time.
CVI 10	61.1
Signature Authority:	Date! 0/142
If you are dissatisfied with the Step 1 response, loudiay submit a Step 2 (1-128) to the Unit Grievance Investigation	stigator within 15 days from the date of the Step 1 response.
State the reason for appeal on the Step 2 Form. Returned because: *Resubmit this form when the corrections are made.	The state of the s
1. Grievable time period has expired.	OFFICE USE ONLY
2. Submission in excess of 1 every 7 days. *	Initial Submission UGI Initials:
3. Originals not submitted. *	Grievance #:
4. lnappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Revd from Offender:
6. No requested relief is stated. *	Date Returned to Offender:
7. Maticious use of vulgar, indecent, or physically threatening language. *	2 nd Subtralesion UGI Initials:
8. The issue presented is not grievable.	Grievance =:
9. Redundant, Refer to grievance #	Screening Criteria Used:
10. Illegible/Incomprehensible. *	Date Recd from Offender:
11. Inappropriate. *	Date Returnéd to Offender:
UGI Printed Name/Signature:	3rd Submission UGI Initials:
	Glievance #;
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Screening Criteria Used:
Witer the alleuger 2 hearm	acteoning official osed.
	Date Read from Offender

I-127 Back (Revised 11-2010)

Case 4:21-cv-03077 Document 10-6 Filed on 10/04/21 in TXSD Page 20 of 28 Texas Department of Criminal Justice OFFICE USE O

STEP 1 G

OFFENDI GRIEVANCE	Date Received. MOU U L LULI
Housing Assignment: AAD4	Grievance Code: 600 19507 Investigator ID #: I273 Extension Date:

OFFICE USE ONLY

Unit where incident occurred: Polynsky	Date Retd to Offender: Alia 16 2001
You must try to resolve your problem with a staff member before you submit a appealing the results of a disciplinary hearing. Who did you talk to (name, title)? Fill tech Wont give har now. What was their response? What action was taken?	
State your grievance in the space provided. Please state who, what, when, whe	re and the disciplinary case number if appropriate
The pill tech which passed out A woman today Keep's getting my pers	m meds (a tall this black cribtions many (8-2-21)
/ S'/a (1) 20 20 10 N./-	15 .
I. She gave me 30 mg & Duloxe Its suppose to be 60 mg.	TIM
The sepperation of the separation of the separat	
2. She didn't give me my Naprexen	500 mg.
She's been here long though (sure her jab:	ly) to know how to do
1. Shès stealing medication or she	cont read, which is it?
I need someone to just give me	my medication, right
because I hunt to bad to go with	bout Shis the only one
· · · · · · · · · · · · · · · · · · ·	/ .
Who does this. As soon as I moved I started to get shorted my meds,	back to A-pod this side
Is openied to get shorted my meds,	again.

Case 4:21-cv-03077 Document 10-6 Filed on 10/04/	21 in TXSD Page:	21 of 28
		Carlo Ca
In fired of having to deal with	2 this lady.	*** ** ** ** ** ** ** ** ** ** ** ** **
		77 17
I moved to AAOY (A-Pod) 7-6-21 and	shis done	this Three
Times now.		
Either she's stupid and cont read or sh	is stealing m	y meds i
	J	
		7 44
Action Requested to resolve your Complaint, I need my medican	lap !	
Offender Signature: Stat One	Date: 8-2	-21
Grievance Response:		
Grievance Response.		
Review of the medical records reveals that you received your Duloxetine DR 60 mg on 8/2 at 0749	by Nurse Bond, Further review	reveals that you did not
receive your Naproxen as you stated on 8/2 but you did accept on 8/3 according to medication co	impliance screen. Both of these	medications are KOP so
you should be receiving a pill pack. All medications will be administered as ordered. Nursing adm	inistration will continue to mon	has also been discussed
Please notify the Cluster Nurse Manager via I-60 if you have any future complaints regarding media	cation administration. This issue	ted at this time.
with pharmacy staff. All medical staff are to wear their ID badges where their name and picture are	AI2/DIE' IAO IDITUE: BEFOUR MBILBI:	tto of find direc:
Mi /		61.1
Signature Authority: Wigner	The second secon	Date: 8/12/21
If you are dissatisfied with the Step I respecte, you may submit a Step 2 (1-128) to the Unit Grievance Inve	stlgator within 15 days from th	e date of the Step I response.
State the reason for appeal on the Step 2 Form.		
Returned because! *Resubmit this form when the corrections are made.		
I Grievable time period has expired.		
2. Submission in excess of 1 every 7 days. *	OFFICE Initial Submission	USE ONLY UGl Initials:
🗂 3. Originals not submitted. *		
4. Inappropriate/Excessive attachments. *		
5. No documented attempt at informal resolution. *	Date Reed from Offender:	
6. No requested relief is stated. *	Date Returned to Offender	
7. Malicious use of vulgar, indecent, or physically threatening language	2 ^{ee} Subminuun	\$1445 4 115 . 6
8. The issue presented is not grievable.	ĺ	UGI Initials:
9. Redundant. Refer to grievance #	Screening Criteria Used:	
10. Hiegibie/thcomprehensible. *		
	Date Revd from Offender:	
11. Inappropriate. *	Date Revd from Offender: Date Returned to Offender	
UGI Printed Name/Signature:	Date Revd from Offender: Date Returned to Offender <u>3rd Submission</u>	UGI Initials:
UGI Printed Name/Signature:	Date Reud from Offender: Date Returned to Offender <u>3rd Submission</u> Citievance #:	UGI Initials:
	Date Revd from Offender: Date Returned to Offender 3 rd Submission Gilevance #: Screening Criteria Used:	UGI Initials:

1-127 Back (Revised 11-2010)

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OFFENDER STEP 1 GRIEVANCE FORM

OTTION CON OTTER
Grievance #: 2022005717
Date Received: SEP 1 5 2021
Date Due: 10/25/21
Grievance Code: 300
Investigator ID #: IZ131
Extension Date:
Date Rete to Offender: SEP 1 5 2021

Offender Name: Stephen Barke TDCJ# 999507	Investigator ID #: IZ131
Unit: Polysky Housing Assignment: 12 AA 04	Extension Date:
Unit where incident occurred: Polysky	Date Reid to Offender: SEP 1 5 21171
	327 + 0 7/17/1
You must try to resolve your problem with a staff member before you submit a formal coappealing the results of a disciplinary hearing. Who did you talk to (name, title)? Soft, harry Brown - Silvation Army What was their response? He want he is to touch me or specification was taken?	• •
State your grievance in the space provided. Please state who, what, when, where and the Sat, Brown, my Spiritual advisor told me than	
allow him to touch me or speak to me while	e I was in the death
chamber, during my execution.	
I am being deprived of my religious right my spirit und and vision should touch me and sou while I'm in the death abamber.	to becouse I believe the appropriate words
After-all a minister's words is what brings of	boce and persussion
in my religious heliefs,	
	The State of the s
Copy also sunt to 1 A Archard Ellis	
Attorney at law	
75 Magee Ave. Mill Valley CA 94941	
Mill Valley CA 94941	

Case 4:21-cv-03077 Document 10-6 Filed on 10/04/2	21 in TXSD Page 23 of 28
EARLY MANUAL MAN	
	ACCUPATION AND ADMINISTRATION OF PROCEEDINGS CONTRACTOR AND ADMINISTRATION AND ADMINISTRA
· ·	
Action Requested to resolve your Complaint. I would like good need to touch me and say the appropriate words during m	ed for my spiritual advisor
To Touch me and say The appropriate wards ouring m	4 execusion in the examiler.
Offender Signature: State But	Date: 9-15-21
Grievance Response:	
Your grievance has been investigated. At this time the spiritual advisor	or is not allowed to touch the
inmate or speak out loud once inside the execution chamber. No furt	ther action is warranted at this time
	ال ا
Market State of the State of th	All Date: 9/4.2/
Signature Authority:	
State the reason for appeal on the Step 2 Form.	
Returned because: *Resubmit this form when the corrections are made.	·
1. Grievable time period has expired,	200
2. Submission in excess of 1 every 7 days, *	OFFICE USE ONLY
	Initial Submission UGI Initials:
3. Originals not submitted. *	Grievance #:
4. Inappropriate/Excessive attachments. *	Screening Criteria Used:
5. No documented attempt at informal resolution. *	Date Recd from Offender:
6. No requested relief is stated. *	Date Returned to Offenders
7. Malicious use of vulgar, indecent, or physically threatening language. *	2 st Submission UG1 Initials:
8. The issue presented is not grievable.	Grievance #:
9. Redundant, Refer to grievance #	Citter ance ut
10, illegible/incomprehensible *	Screening Criteria Used:
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	Screening Criteria Used: Date Recd from Offender:
UGI Printed Name/Signature:	Screening Criteria Used: Date Recd from Offender: Date Returned to Offender.
UGI Printed Name/Signature: Application of the screening criteria for this grievance is not expected to adversely	Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 3rd Submission UGI Initials:
UGI Printed Name/Signature:	Screening Criteria Used: Date Recd from Offender: Date Returned to Offender 3rd Submission UGI Initials: Greenance #:

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Appendix G



Texas Department of Criminal Justice

STEP 2 OFFENDER GRIEVANCE FORM	UGI Recd Date: OCT 0 1 2021 HQ Recd Date: Date Due:
Offender Name: Stephen Barbee TDCJ# 999507	Grievance Code; 300
Unit: Polysky Housing Assignment: 12 AA 04	Investigator ID#;
Unit: Polysky Housing Assignment: 12 AA 04 Unit where incident occurred: Polynohy	Extension Date:
You must attach the completed Step 1 Grievance that has been signed by the Ward accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocess	den for your Step 2 appeal to be ed.
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because	
I was denied my freedom of religious right	ts on 9-16-21
I need my spiritual advisor to hold my ha with me during my execution, if it comes ,	and while he prays
I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF	THIS FORM (OVER)

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		<u> </u>
	•	
Offender Signature: Styl Bol		Date: 9-26-21
Grievance Response:		
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	n e sangaren e e	
Signature Authority:		Date:
Returned because: *Resubmit this form when correction	s are made.	OFFICE USE ONLY
_		Initial Submission CGO Initials:
1. Grievable time period has expired.	:	Date UGI Recd:
☐ 2. Illegible/Incomprehensible.*		Date CGO Recd:
☐ 3. Originals not submitted. *		(check one)ScreenedImproperly Submitted Comments:
4. Inappropriate/Excessive attachments.*		Date Returned to Offender:
5. Malicious use of vulgar, indecent, or physicall	y threatening language.	2 nd Submission CGO Initials:
☐ 6. Inappropriate.*		Date UGI Recd:
- Of Inappropriate.		Date CGO Recd:
		(check one)ScreenedImproperly Submitted
		Comments:
CGO Staff Signature;	And the state of t	Date Returned to Offender:
		Date UGI Recd:
		Date CGO Recd:
		(check one)ScreenedImproperly Submitted
		Comments:

Date Returned to Offender: ___

OFFENDER CHEVINCE FORM

Case 4:21-cv-03077 D	ocument 10-6 Filed on 10/04/21	in TXSD: :Page:26:of/28-1
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this object will substitute you an appointment with the processor. No include act	Not warranted at this fine
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If you are dissiplied with the Step I respond who we would now the property of the first of the flower merch	Space Company
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AFFIDAVIT

THE STATE OF TEXAS §

COUNTY OF WALKER §

BEFORE ME, the undersigned authority, on this day personally appeared Jessica Riley, who, being by me duly sworn, deposed as follows:

"My name is Jessica Riley and I am an employee of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the Manager II for the Resolution Support/Offender Grievance department of the Administrative Review and Risk Management Division, for the TDCJ, with my office located in Huntsville, Texas. Attached are true and correct copies of the grievance records received by the TDCJ from inmate Stephen Dale Barbee TDCJ# 00999507 from January 1, 2019 to October 1, 2021, which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and as a regular practice of the TDCJ and were made at or near the time of the occurrence of the matters set forth by or from information transmitted by a person with knowledge of the matters.

TDCJ records indicate that inmate Barbee did file Step 1 Grievance No. 2021045514 relating to food issues; however, the grievance was administratively closed as it was lost, and no copies can be located. Inmate Barbee was provided an opportunity to resubmit the grievance, though did not.

I declare under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth not."

Jessica Riley

Manager II

Resolution Support/Offender Grievance, ARRM

Texas Department of Criminal Justice

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned notary public, on the 4th day of October, 2021.

